

Assisted

Living



2013 RESIDENT PROFILE SURVEY RESULTS

State of New Jersey
Department of Health

Division of Certificate of
Need and Licensing

September 2014





State of New Jersey
DEPARTMENT OF HEALTH

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TO: Administrators of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs

FROM: Barbara Goldman, R.N., J.D.
Assistant Director, Office of Certificate of Need and Healthcare Facility Licensure, Health Facilities Evaluation and Licensing

Andrew D. Benesch, Health Data Specialist I

DATE: September 8, 2014

SUBJECT: The Assisted Living Resident Profile Survey Results for 2013

Enclosed is a copy of a report containing the results of the Assisted Living Resident Profile Survey (ALRPS) for the year 2013. This report contains information concerning assisted living residents and assisted living program participants in New Jersey. The issues addressed are source of admission, discharge destination, reason for discharge, activities of daily living (ADL) needs, medication administration needs, cognitive task needs, age, gender, need to care for spouse, Medicaid coverage, length of stay, resident census, special services (respite, hospice, behavioral management, and other), resident contractual information, and staffing (overall and CMA). We believe that you will find this information useful in determining how your facility compares with the statewide average for each of these measures.

The 98% compliance rate with the requirement to submit the Resident Profile Survey for 2013 was 2% higher than in the previous year. The Department of Health (Department) would like to thank all compliant facilities for completing and submitting the survey for 2013 and urges those facilities that did not comply this year to do so in the future. In addition, the Department appreciates the collaborative effort of staff of the New Jersey Hospital Association as well as representatives of the Health Care Association of New Jersey and LeadingAge New Jersey in the entire survey process, including conducting training webinars, collecting and compiling data, responding to questions from providers and producing the final report. If you have any questions, concerns, or comments on the report, you may contact Mr. Andrew Benesch, Health Data Specialist I at (609) 633-9042. Thank you.

Introduction

The Department of Health (DOH) defines assisted living as “a special combination of housing, personalized support services and health care designed to accommodate those who need help with the activities of daily living (ADLs) but may not require the type of care provided in a nursing home.”¹

This report summarizes the results of the *Assisted Living Resident Profile Survey (ALRPS)*, which includes a facility characteristics profile, an in-house resident profile, a respite resident profile and a discharged resident profile.

- **Facility Characteristics Profile** – Requests basic facility data (e.g. name, address and phone number) as well as programmatic information.
- **In-house Resident Profile** – Collects data for residents who were still residing at the assisted living facility as of Dec. 31. Providers are asked to submit information for each resident pertaining to demographics, source of admission and resident needs.
- **Respite Resident Profile** - Collects data for respite residents in the provider’s care during the calendar year, i.e. from Jan. 1 through Dec. 31. Providers are asked to submit information for each resident pertaining to demographics, source of admission and resident needs.
- **Discharged Resident Profile** – Provides information about residents discharged during the calendar year. The items requested include admission date, source of admission, discharge date, discharge disposition, the reason for discharge and the resident’s need for assistance related to their activities of daily living data.

The 2013 ALRPS was administered electronically from March 14 through April 30 2014. All New Jersey licensed assisted living residences (ALRs), comprehensive personal care homes (CPOCHs) and assisted living programs (ALPs) were required to submit their data for the 2013 calendar year.

¹ State of New Jersey, Department of Health, Assisted Living in New Jersey, What is AL, <http://www.state.nj.us/health/healthfacilities/alinnj/index.shtml#what>

The total number of residents included in the ALRPS since 2008 is as follows:

Residents included in the NJ Assisted Living Resident Profile Survey

2008	2009	2010	2011	2012	2013
16,997	20,336	19,538	19,721	20,246	20,272

In 2013, 203 out of 208 total assisted living residences, comprehensive personal care homes and assisted living programs responded to the survey. The response rates since the 2008 data collection are as follows:

ALRPS Response rates from 2008 through 2013

2008	2009	2010	2011	2012	2013
89%	100%	98%	98%	96%	98%

The number of providers represents those providers that were in operation as of Dec. 31 of each year, except for providers for which the survey was not deemed appropriate (e.g. hospice, recently licensed facilities or programs that had no 2013 data, or facilities or programs considered too small to provide valid data).

Methodology

In 2001, a paper-based ALRPS was originally developed by staff in the DOH, with input from representatives of the assisted living field. It was agreed that the ALRPS would be submitted by providers on an annual basis.

In 2008, the New Jersey Hospital Association (NJHA), under the direction of DOH (formerly the Department of Health and Senior Services), developed a Web-based ALRPS system. The system was developed in partnership with the Health Care Association of New Jersey (HCANJ) and LeadingAge New Jersey, formerly the New Jersey Association of Homes and Services for the Aging. Beginning with the survey for 2008, the only means of ALRPS data submission was

through the Web-based system. From 2001 to 2010, data collected by DOH surveyors via the On-Site Data Collection Survey was included in the ALRPS final report. However, system enhancements implemented in 2011 allowed for the data traditionally collected via the On-Site Data Collection Survey to be included in the online ALRPS.

To register for the online system, New Jersey licensed ALRs, CPCHs and ALPs completed an enrollment form at <https://www.njalsurvey.com/default.aspx>. Once enrolled, providers received a username and password which allowed them to enter their ALRPS data when the online survey window was opened by DOH (March 14, 2014 to April 30, 2014). The form is also used by providers to communicate changes in registered information.

Beginning in January 2014, emails were sent asking registered providers to confirm their information as listed in the system; any changes were to be communicated by email to the ALRPS mailbox at alsurvey@njha.com. A training webinar was also held, and made available via recording, to give providers a basic tutorial on how to use the system; it also introduced the system's enhanced features which included the ADL data for discharged residents for the new year's survey.

Purpose

The purpose of the ALRPS is to identify characteristics of assisted living residents and providers. Data collected via the ALRPS may be used to determine whether assisted living is meeting its goal of promoting "aging in place." The information is used by DOH and the provider community to better understand the state of the industry. This final report may be used by administrators to compare their own facilities and programs to the statewide average for the indicators noted below.

The ALRPS collects the following provider characteristics:

- 1) Administrator credentials
- 2) Alzheimer's services
- 3) Special services
- 4) Medicaid participation
- 5) Staffing information

- 6) Certified medication aide (CMA) program information
- 7) Census

The following data is collected to develop the resident profile:

- 1) Age and gender
- 2) Medicaid status
- 3) Respite status
- 3) Admission source
- 4) Discharge destination
- 5) Length of stay (LOS)
- 6) Need for assistance with activities of daily living (ADLs)
- 7) Medication administration
- 8) Cognitive status
- 9) Resident contractual information

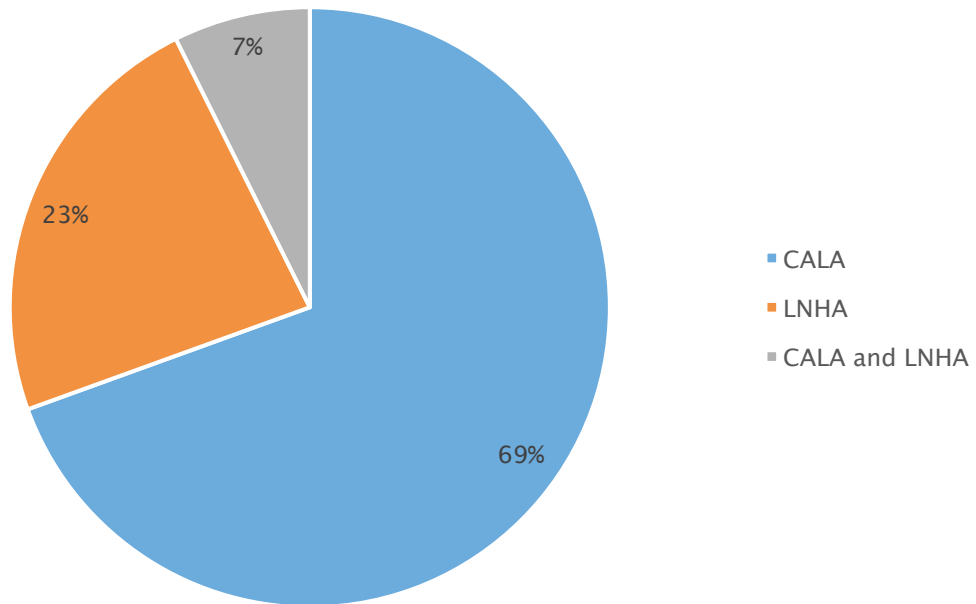
Data Analysis

Facility Characteristics Profile

1. Administrator Credentials

In 2013, a total of 163 administrators responded to the question related to their credentials. Of these, 113 administrators reported their credential to be certified assisted living administrator (CALA) only; 38 reported their credential to be licensed nursing home administrator (LNHA) only; 12 administrators reported their credentials to be both CALA and LNHA. The number of CALA-only administrators increased by 6 percent since 2012 while the number of LNHA-only administrators decreased by 13 percent.

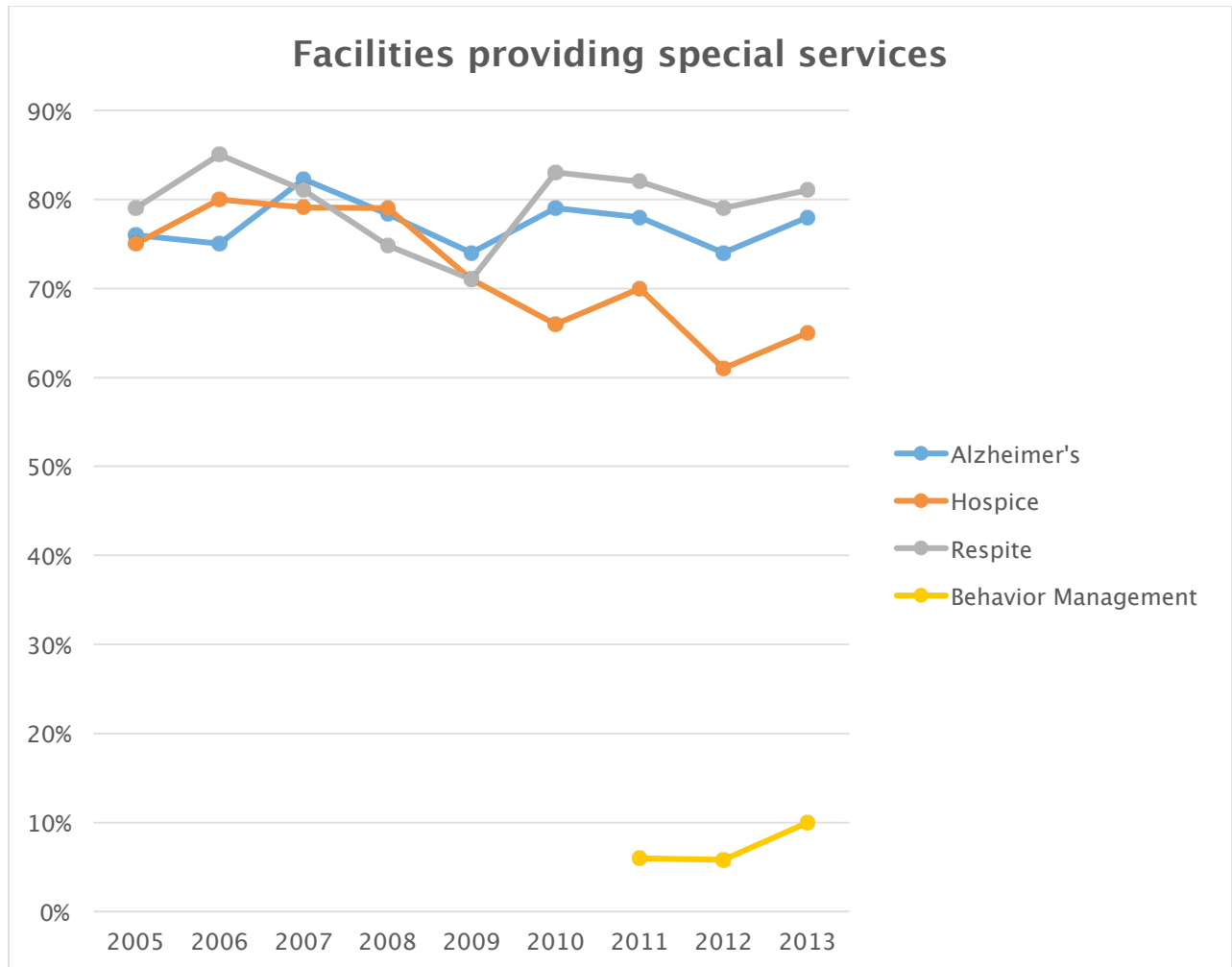
2013: Distribution of administrator credentials by type

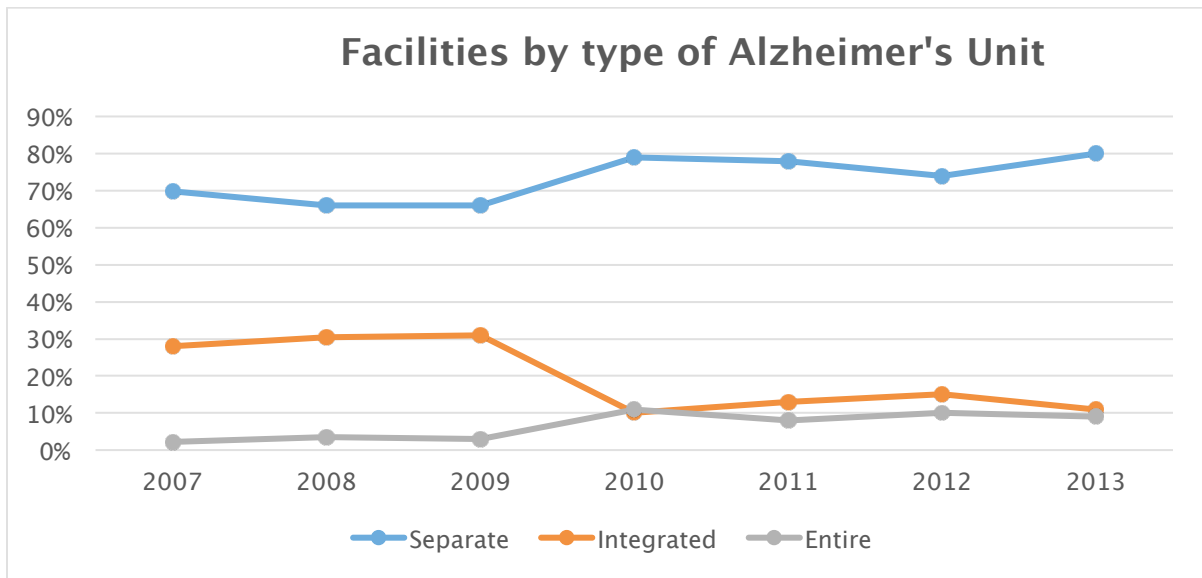


2. Special Services

In 2013, 178 of 203 (88%) respondents reported providing special services. Out of 203 respondents to the survey, 81 percent provide respite, 65 percent provide hospice, 78 percent provide Alzheimer's services and nearly 10 percent offer behavior management services. Of

note is that the number of respondents offering behavior management increased from 6 percent to 10 percent in one year.





3. Staffing

In 2013, the average number of full-time employees (FTEs) in assisted living, excluding ALPs, was 55, slightly more than the 52 reported in 2012. The average number of FTEs in assisted living programs was 18 in 2013 compared to 16 in 2012, 9 in 2011, and 13 in 2010.

4. Certified Medication Aide (CMA) Program Information

In 2013, 72 percent reported having an active CMA program and 25 percent had an in-house training CMA program, virtually the same as in 2010 through 2012.

Resident Characteristics Profile

Permanent Residents Currently Living in Assisted Living

The total number of permanent residents included in the 2013 survey was 14,843 compared to 14,703 in 2012; 14,619 in 2011 and 14,449 in 2010. In 2013 there were 57 respite residents in-house on Dec. 31, compared to 88 respite residents in-house on Dec. 31, 2012; 75 in 2011 and 2010. Data describing the respite residents appears later in this report.

Resident Age and Gender

Resident ages are categorized as follows:

69 years or younger (includes residents with reported ages between 18 and 69 years of age)

70 to 74 years

75 to 79 years

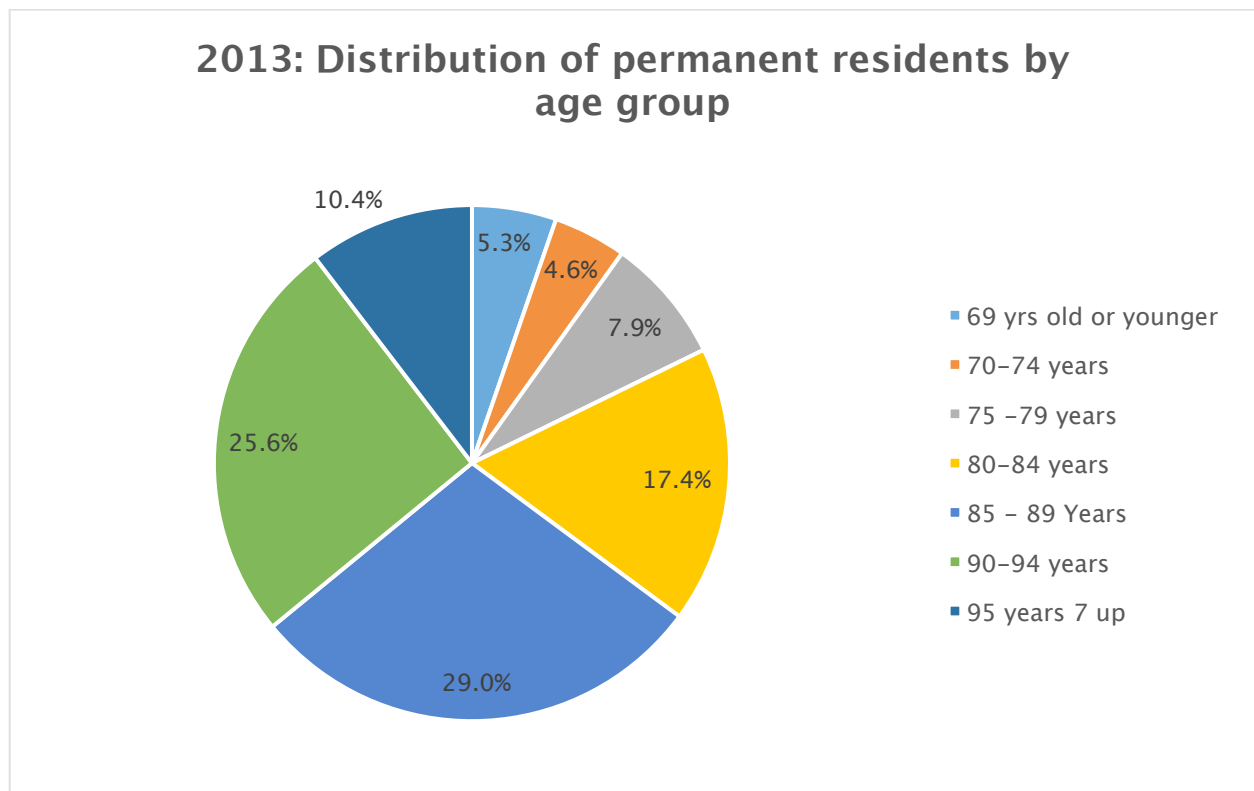
80 to 84 years

85 to 89 years

90 to 94 years

95 years and older

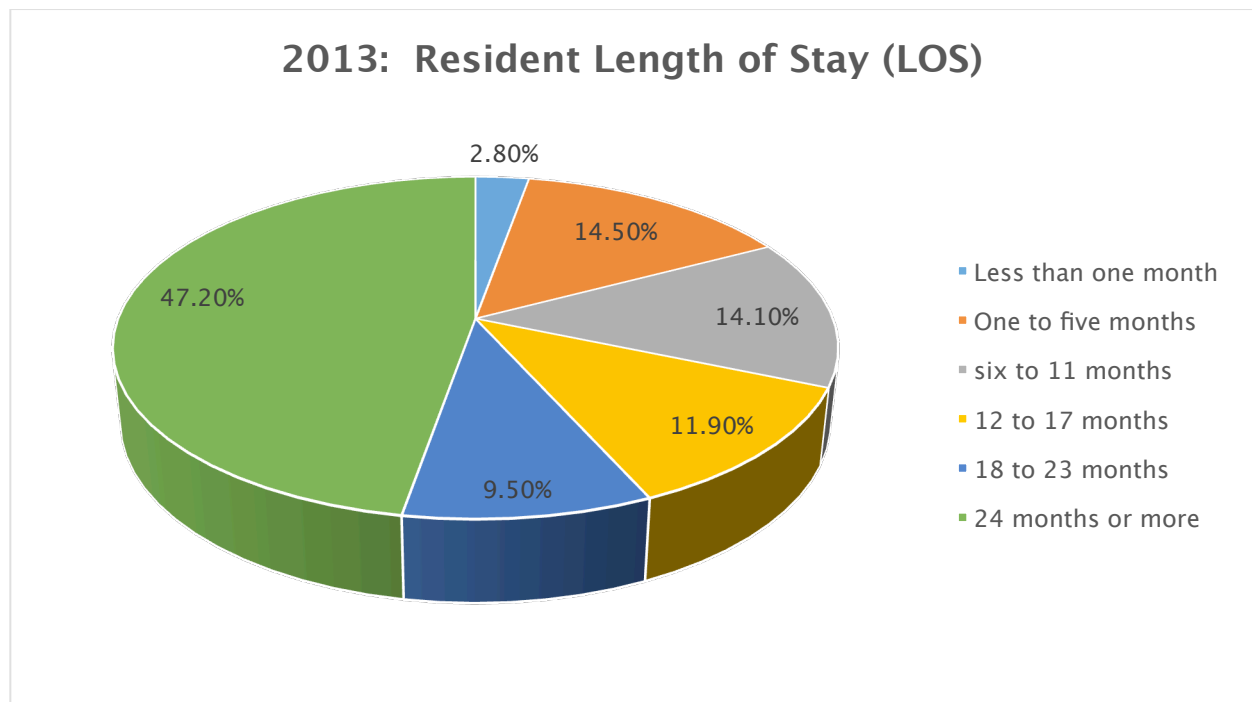
The mean resident age for permanent (non-respite) residents in 2013 was 85, the same as in 2010-2012. As in previous years, most residents were between 80 and 94 years of age. In 2013 as in 2011-2012, 72 percent of all permanent residents fell within this age range. Another 10 percent were older than 95. The youngest resident was 21 years old.



In 2013, 75 percent of permanent residents were female and 25 percent were male. These percentages are consistent with data collected for calendar years 2010 through 2012.

Resident LOS is measured as follows:

- a) Less than one month
- b) One to five months
- c) Six to 11 months
- d) 12 to 17 months
- e) 18 to 23 months
- f) 24 months or more



In 2012, the mean LOS for permanent residents was 31 months, which was the same as in 2012. In 2011 it was 30 months and 2010, 29 months. As the table that follows shows, the mean LOS has almost doubled in the last 6 years, which speaks to the process of aging in place in assisted living.

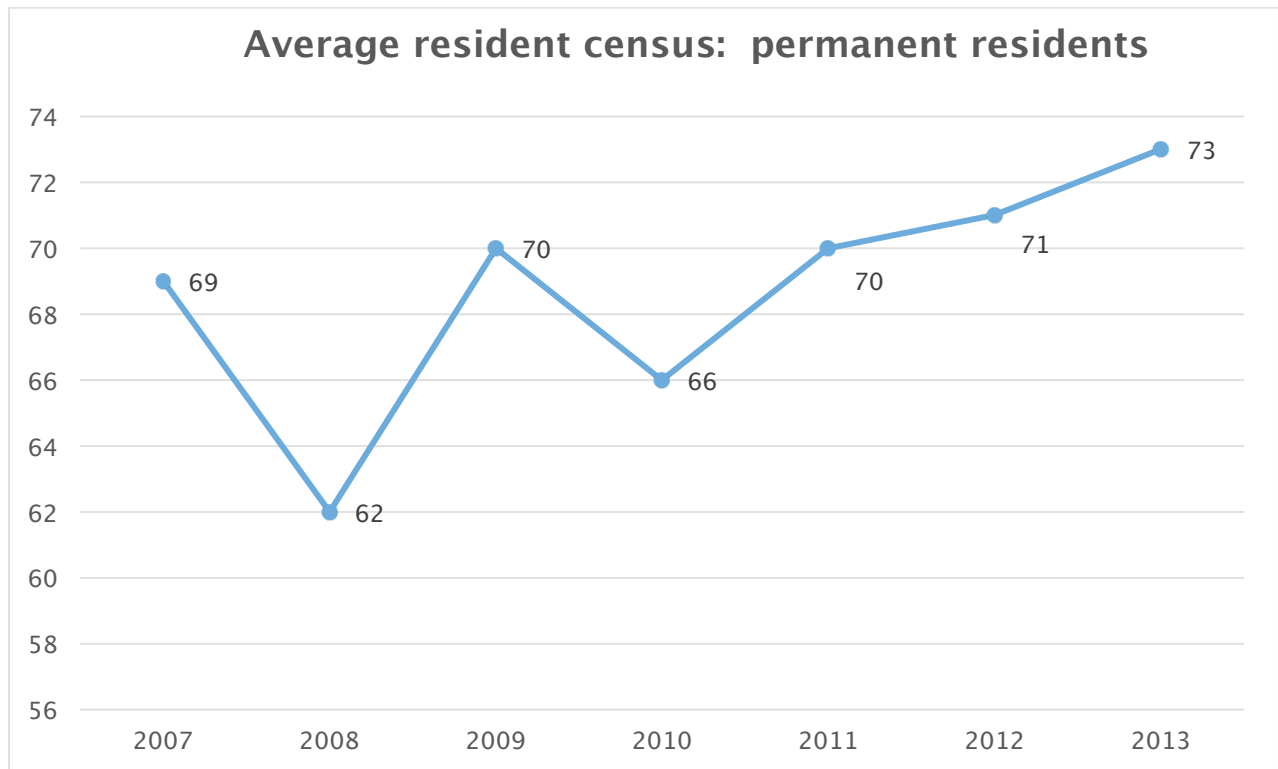
Permanent Residents' Mean LOS in months from 2008 through 2013

	Mean LOS in Months					
	2008	2009	2010	2011	2012	2013
Permanent residents	16	25	29	30	31	31

In 2013, 7.6 percent of residents (1,130) were living in an ALR or CPCH with their spouse, compared to 7.3 percent in 2012 (1,070) and 7.4 percent in 2011(1,083) and 7.3 percent in 2010 (1,062).

Average Resident Census per Facility

The average number of permanent residents per facility was 73 for 2013, compared with 71 for 2012, 70 for 2011 and 69 in 2010.



Medicaid Status

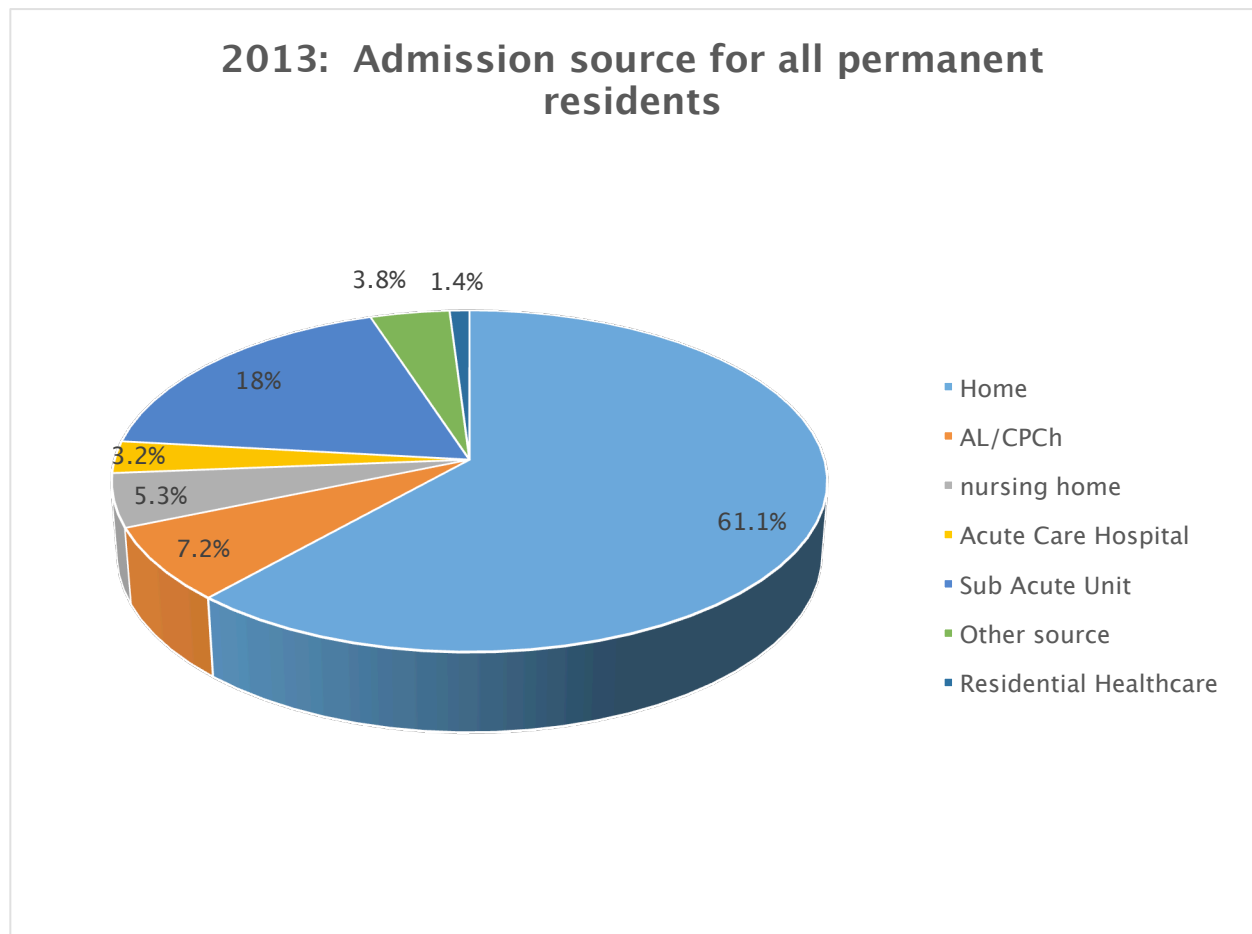
In 2013, 86 percent of facilities reported participating in the Medicaid program, the same as in 2012. This percentage increased from 79 percent in 2010 and 82 percent in 2011. In addition, 19.8 percent of permanent residents were covered by Medicaid in 2013, compared with 20 percent in 2012; 21 percent in 2011, and 21.3 percent in 2010. In 2009 this figure was 17 percent.

Resident Contractual Information

The percentage of permanent residents with a health service plan in 2013 was 39 percent, the same as in 2012. This was lower than in 2011, when it was 43 percent, but the same as in 2010.

Admission & Discharge Destinations

As demonstrated by the pie chart below, as in 2011 and 2012, the majority (61 percent) of permanent residents were admitted to assisted living from home, followed by 18 percent from a sub-acute unit. All the percentages were consistent with data from 2010-2012.



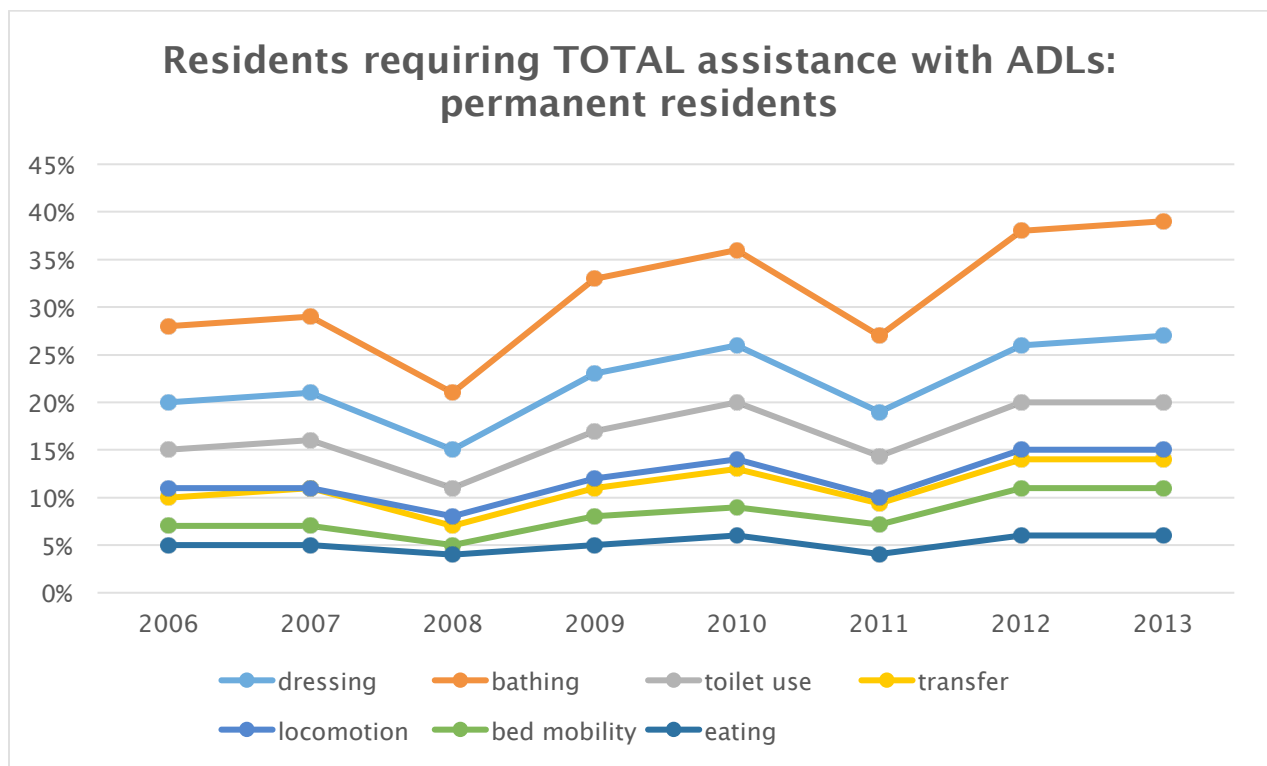
ADL Needs

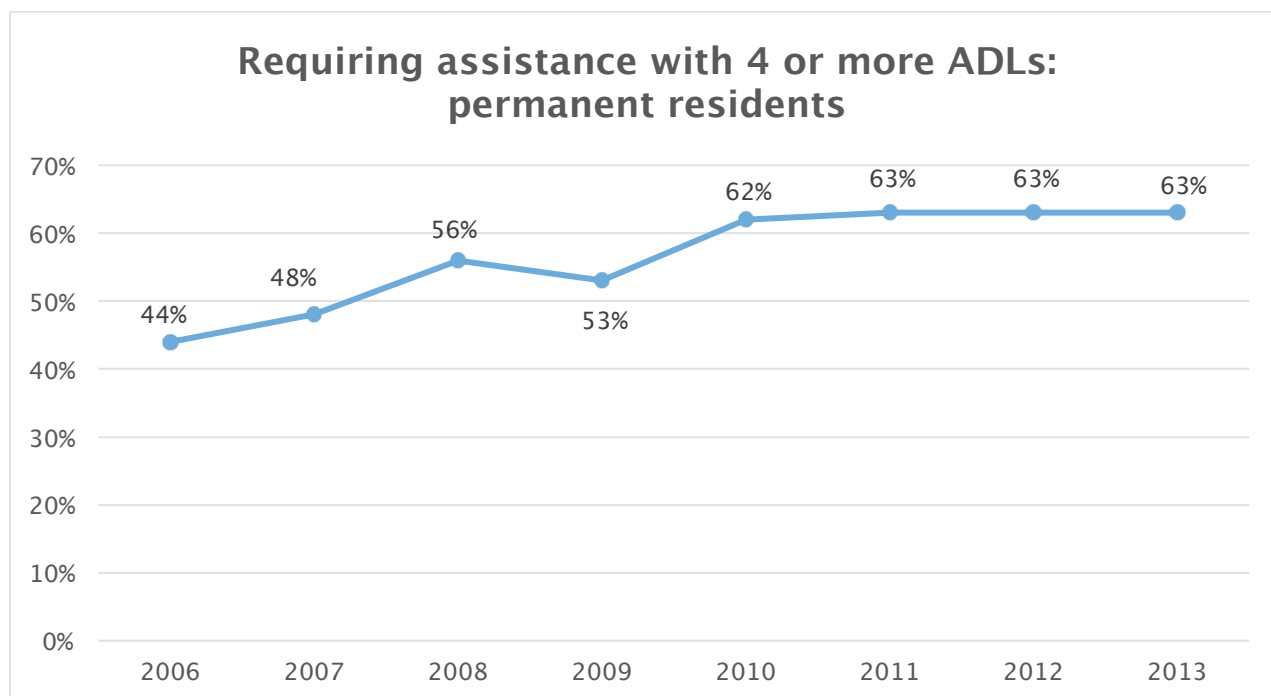
As shown below, in 2013, eight percent of permanent residents required no assistance with their activities of daily living, compared to nine percent in 2012. Approximately 8 percent required assistance with one ADL and 9 percent required assistance with two ADLs. Twelve percent required assistance with three ADLs and 63 percent required assistance with four or more ADLs. These data are consistent with 2012 data.

Percent of permanent residents' independent and requiring assistance with one or more ADLs -- 2009 through 2013

	Independent	1 ADL	2 ADLs	3 ADLs	4 or More ADLs
2009	18%	9%	9%	11%	53%
2010	9%	9%	10%	10%	62%
2011	9%	8%	10%	10%	63%
2012	8%	8%	10%	11%	63%
2013	8%	8%	9%	12%	63%

The breakdown of total assistance by ADL appears below.

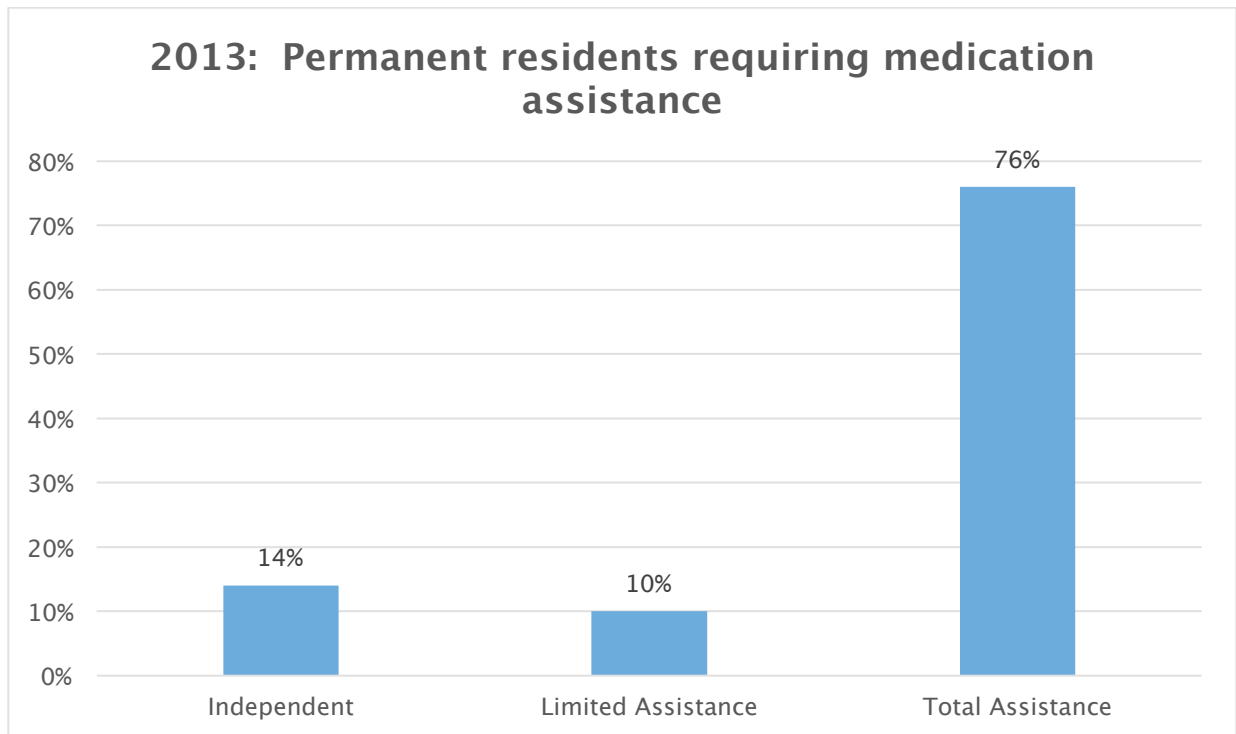




Other Needs

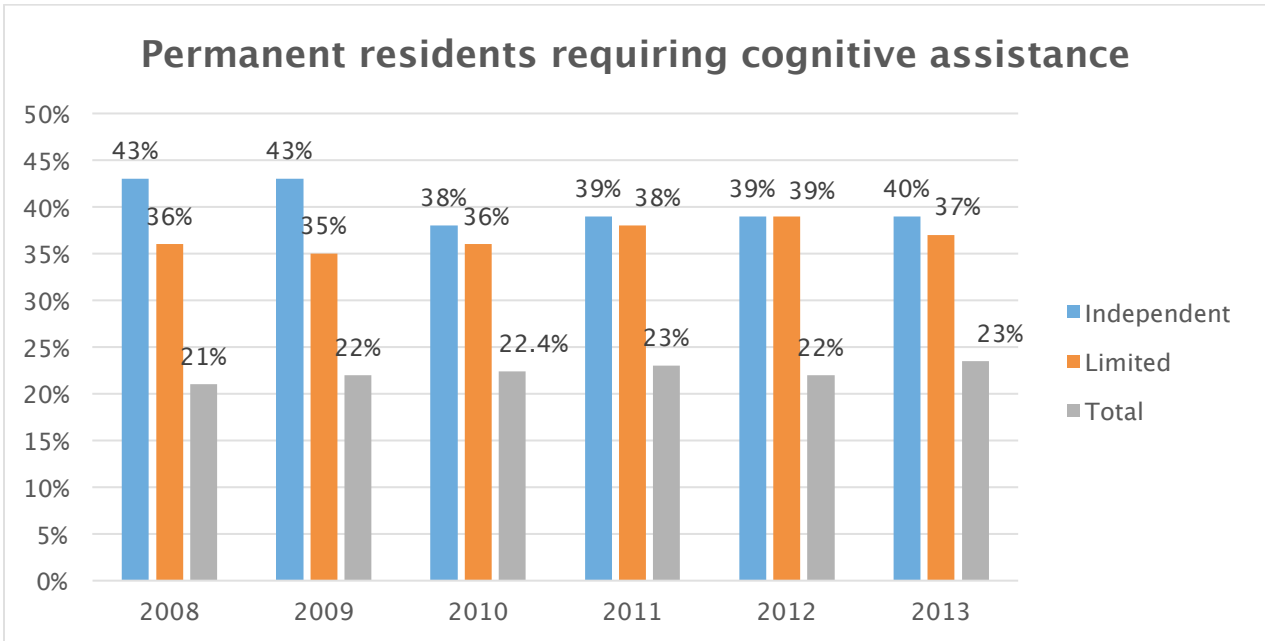
Fourteen percent of permanent residents were independent in medication administration in 2013, while 10 percent required limited assistance and 76 percent required total assistance.

These data are consistent with 2012 when fifteen percent of permanent residents were independent in medication administration (which was the same as 2011 and 2010), while 12 percent required limited assistance and 73 percent required total assistance in 2012 (which was down slightly from 74 percent in 2011 and 2010.)



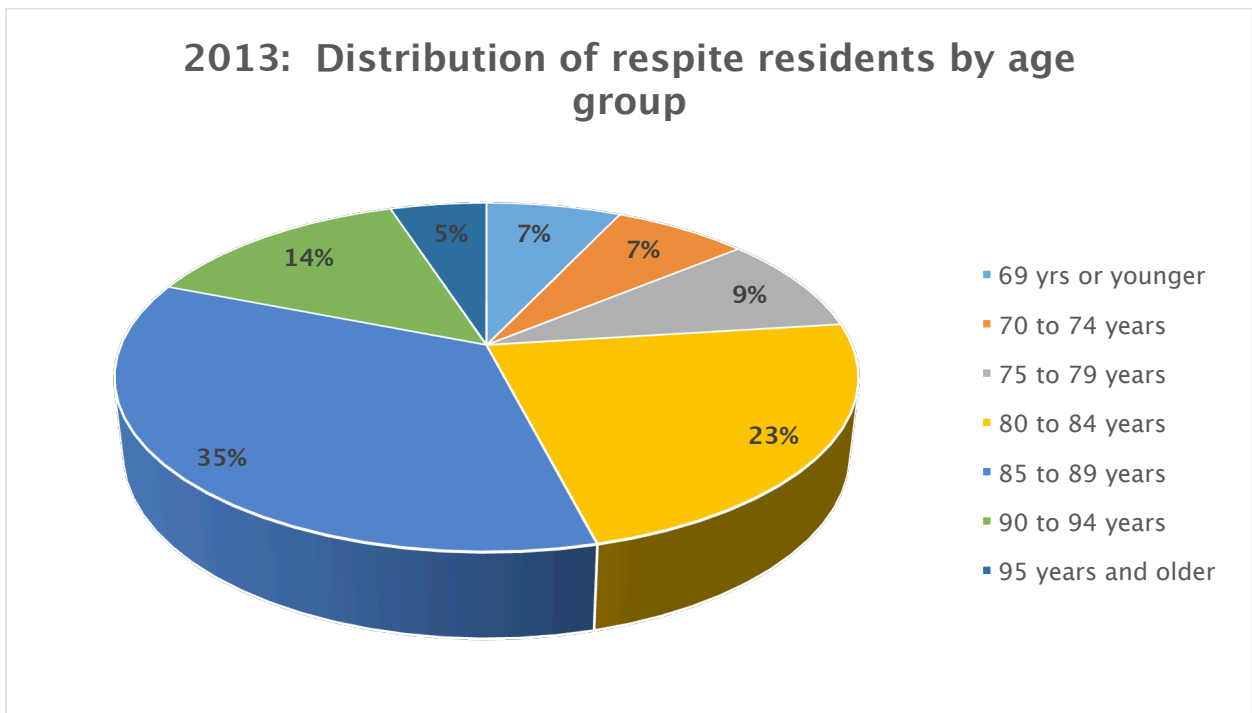
As shown in the chart that follows, 40 percent of permanent residents were cognitively independent in 2013; 37 percent required limited cognitive assistance and 23 percent required total cognitive assistance.

In 2012, 39 percent of permanent residents were cognitively independent, the same as in 2011. Thirty-nine percent required limited cognitive assistance compared to thirty-eight percent in 2011, and 36 percent in 2010. Twenty-two percent required total cognitive assistance in 2012, compared to 23 percent required in 2011 and 22.4 percent in 2010.



Respite Residents in Assisted Living in 2013

The mean respite resident age in 2013 was 83, compared with 2012 when it was 82. The mean respite resident age was 83 in 2011 and 84 in 2010.



In 2013, 69 percent of respite residents were female and 31 percent were male. This is consistent with 2010-2012.

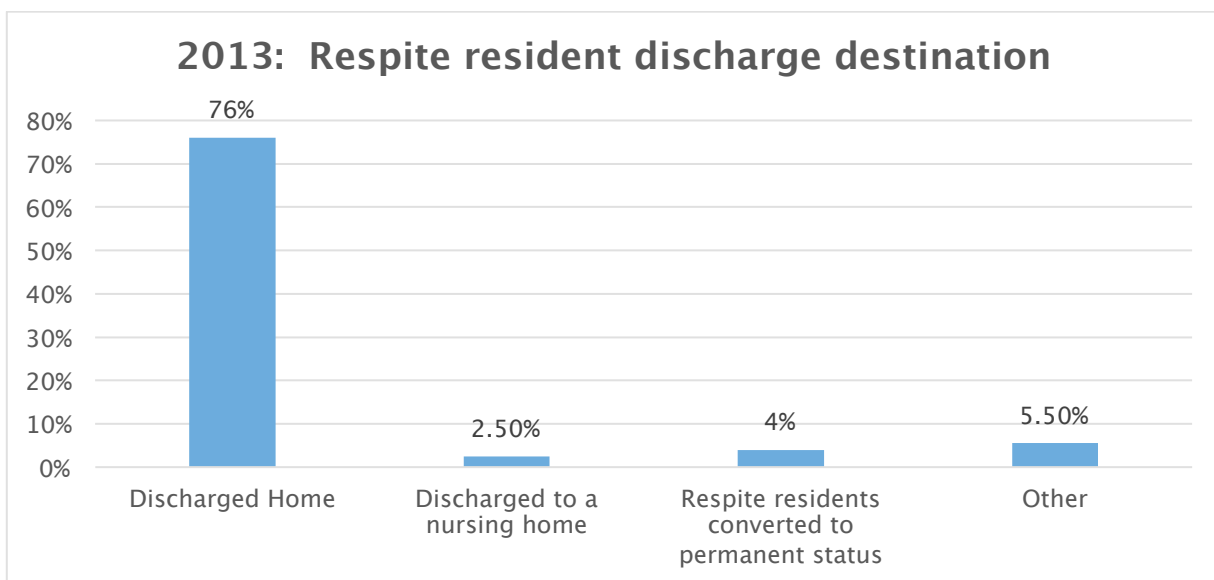
In 2013, the mean LOS for in-house respite residents was 68 days, which is consistent with 2012 when it was 69 days (2.3 months). In 2011 it was 82 days (2.7 months) and in 2010, 64 days (2.1 months). For discharged respite residents, the mean length of stay in 2012 was 32 days, compared with 35 days in 2012 and 28 days in 2011.

Finally, there were no respite residents covered by Medicaid in 2013. In 2012 the percentage of in-house respite residents covered by Medicaid was less than 1 percent.

Thirty-two percent of respite residents had a health service plan in 2013, a significant reduction from the 54 percent of respite residents who had a health service plan in 2012. The 2013 data was more consistent with data from 2011 when it was 37 percent, and 2010 when it was 39 percent.

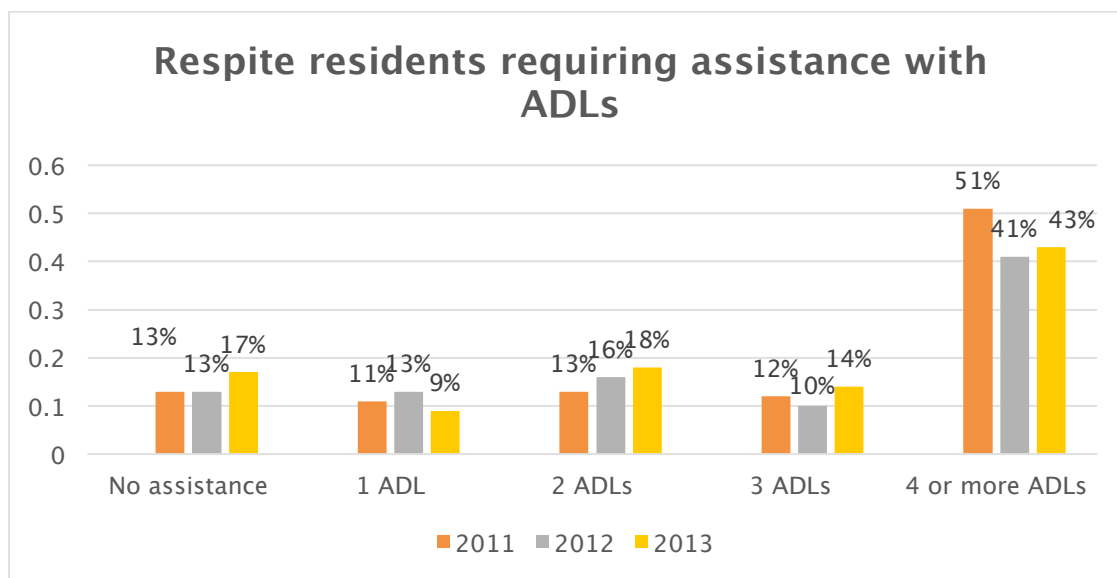
In 2013, 58 percent of respite residents were admitted from home, consistent with 2010-2012. Sub-acute units were the next most frequent source of admission for respite residents with 28 percent in 2013, which was also consistent with data from 2011, but less than the 32 percent in 2012.

As shown in the chart that follows, 76 percent of discharged respite residents went home in 2013, compared to 75 percent in 2012 and 77 percent in 2011. In 2013, 2.5 percent of resident residents were discharged to a nursing home, compared to 3.2 percent in 2012 and 3.5 percent in 2011. The survey showed that in 2013, 4 percent of discharged respite resident converted to permanent status, lower than the 5.6 percent in 2012, but still higher than the 3.1 percent in 2011, and 3.6 percent in 2010.

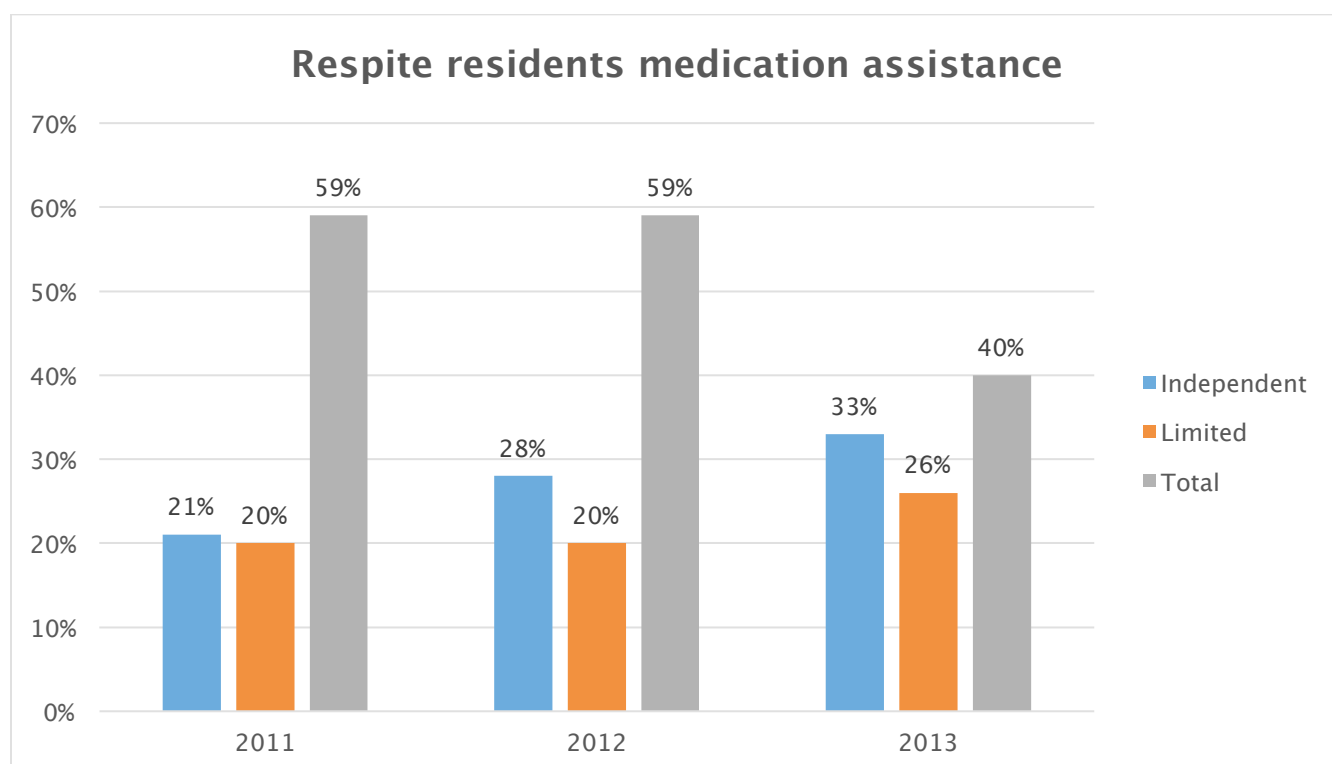


The chart that follows shows that of respite residents who were in-house on Dec. 31, 2013, 17 percent required no assistance with ADLs. This was an increase compared to 13 percent in 2012 and 2011.

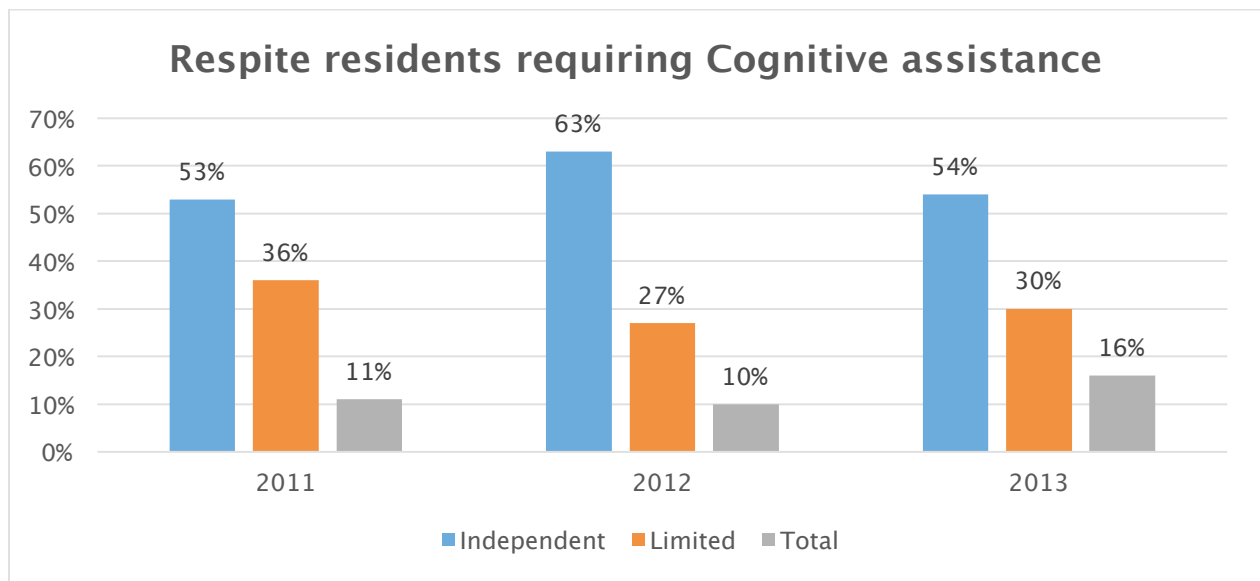
The percent of in-house respite residents requiring no assistance with ADLs was 17 percent. Those that required assistance with one ADL was 9 percent in 2013, compared to 12.5 percent in 2012, 11 percent in 2011 and 15 percent in 2010. In 2013, 18 percent required assistance with two ADLs compared with 16 percent in 2012 and 13 percent in 2011. Of the same population, 14 percent required assistance with three ADLs in 2013 compared to 10 percent in 2012 and 12 percent in 2011, and 43 percent required assistance with four or more ADLs compared with 49 percent in 2012.



Thirty-three percent of respite residents were independent in medication administration in 2013, compared to 28 percent in 2012 and 21 percent in 2011; 26 percent required limited medication assistance compared to 17 percent in 2012; and 40 percent required total medication assistance compared to 55 percent in 2012.



Fifty-four percent of respite residents were cognitively independent in 2013, a significant difference from the 63 percent of respite residents who were cognitively independent in 2012, and more like the 53 percent in 2011. Thirty percent required limited assistance in 2013, compared to 27 percent in 2012. Sixteen percent required total assistance compared to 2012 when 10 percent required total assistance.



Residents Discharged from Assisted Living in 2013

The percentage of discharged residents who were female in 2013 was 71 percent, which was consistent with the last three years. The percentage of discharged residents that were male in 2013 was 29.

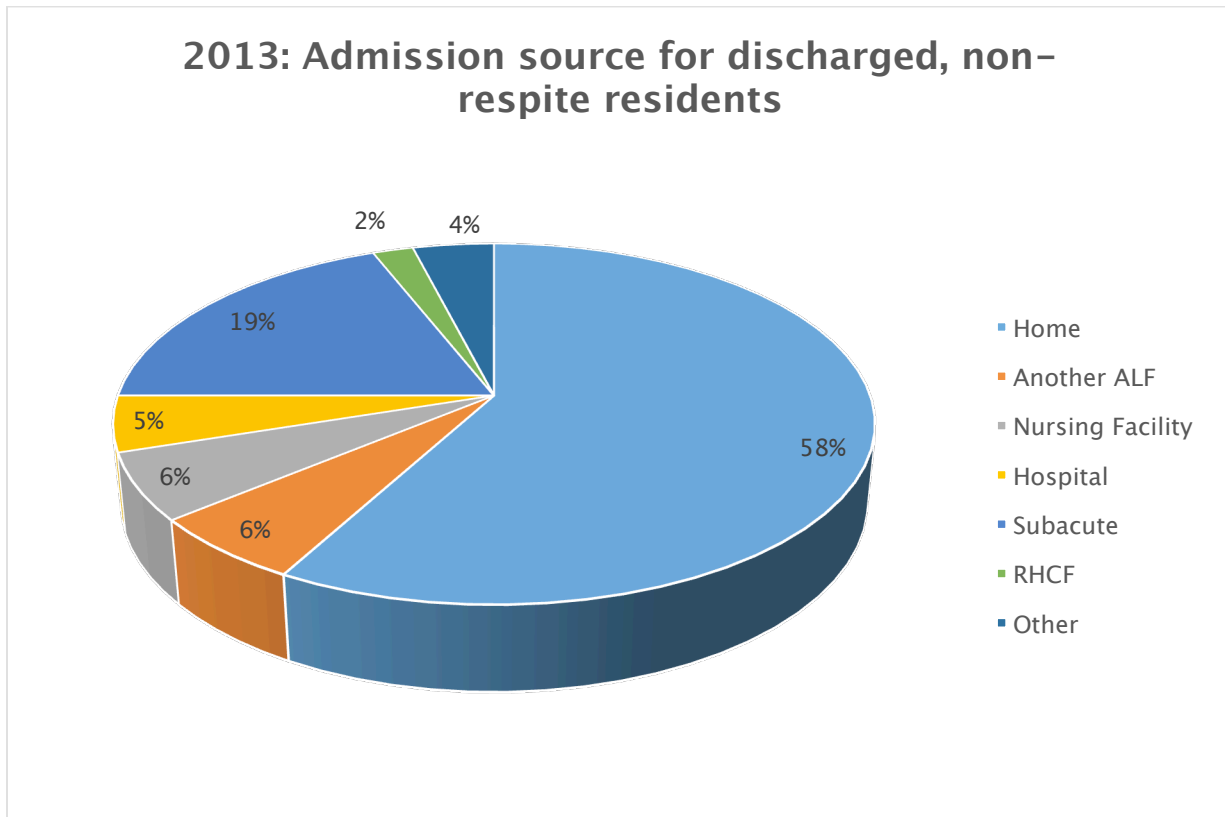
The mean LOS for discharged, non-respite residents was 29 months in 2013, compared with 28 months in 2012. This data is consistent with 2011 and 2010. The mean LOS for this group of residents (discharged non-respite) was 13 months in 2008 and 2009, which means the length of stay has more than doubled over five years.

Discharged, Non-Respite Residents' Mean Length of Stay – 2008 through 2013

	Mean LOS					
	2008	2009	2010	2011	2012	2013
Discharged non-respite	13	13	28	27	28	29

In 2013, of 5,372 non-respite residents discharged, 800 were covered by Medicaid, or 15 percent. This is consistent with 2012 when 5,455 residents were discharged and 878 were covered by Medicaid, or 16 percent. These data are consistent with 2010 and 2011 data.

The chart below shows the admission source for discharged, non-respite residents in 2013.



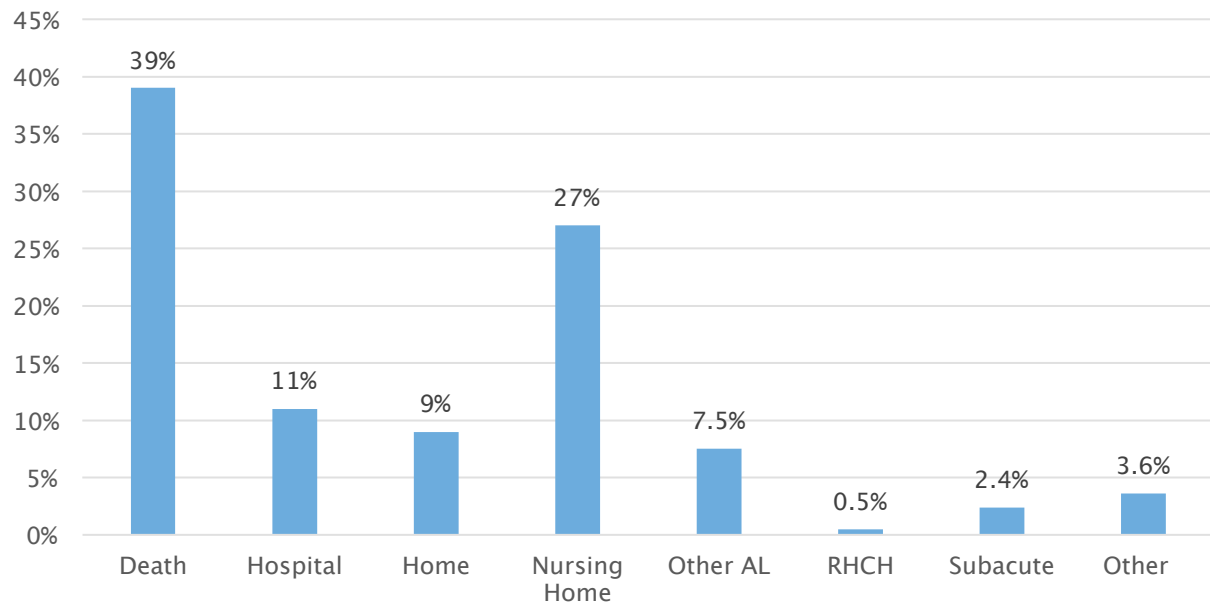
Discharged Residents Destination

Consistent with data reported since 2006, the top two discharge categories for residents were death (34 percent in 2013, 35 percent in 2012, 37 percent in 2011 and 36 percent in 2010) and nursing home placement (24 percent in 2013, 24 percent in 2012, 29 percent in 2011 and 30 percent in 2010.)

When examining the discharged residents discharged to facilities it is clear that most of the residents were discharged to nursing homes (24 percent in 2013 and 2012) followed by acute care hospitals (10 percent in 2013, 8 percent in 2012) and AL/CPCH facilities (7 percent in 2013 and 2012). These percentages are down from 2011 when 29 percent were discharged to nursing homes, 11.3 percent to hospitals and 9 percent to another AL/CPCH.

This data continues to suggest the increasing medical frailty of the residents served by the state's ALRs and CPCHs, as well as the ability of assisted living facilities to fulfill the goal of having residents age in place.

2013: Discharge destination for permanent residents

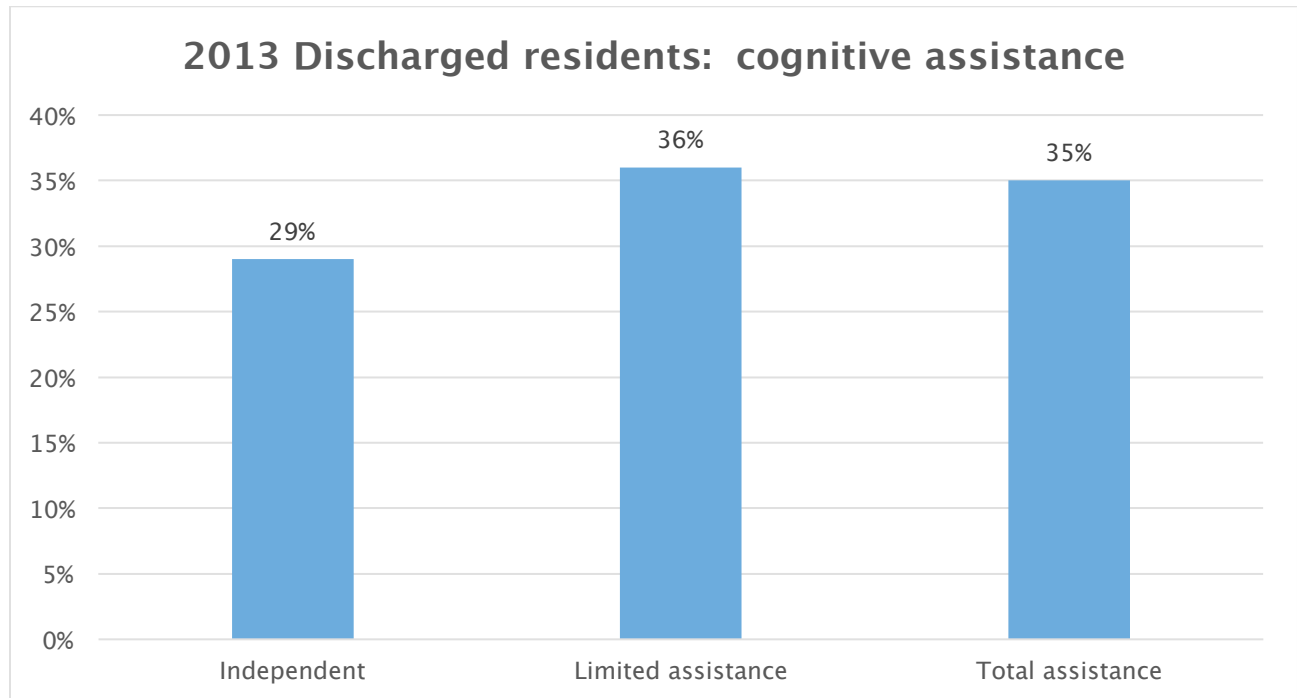


The percentage of discharged residents' independent with medication administration was 8.9 percent in 2013 compared to 9.4 percent in 2012. The percentage of discharged residents requiring limited medication administration assistance this year was 10.4 percent, compared to 12.2 percent in 2012, and the percentage of discharged residents requiring total medication administration assistance was 81 percent, up from 78 percent in 2012.

Discharged Residents: medication assistance



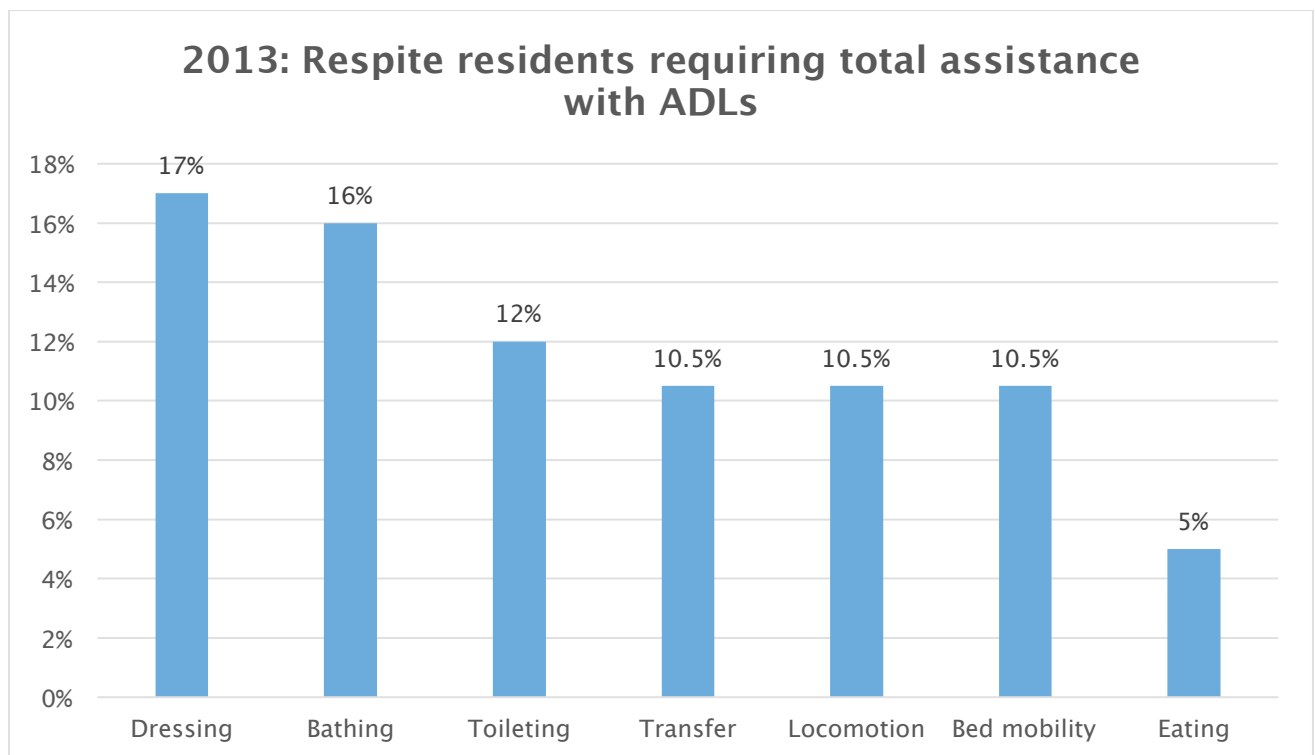
The percentage of discharged residents who were cognitively independent was 29 percent in 2013, the same as in 2012. The percentage requiring limited cognitive assistance was 36 percent, the same as 2012. The percentage of discharged residents requiring total assistance was 35 percent, compared to 34 percent in 2012



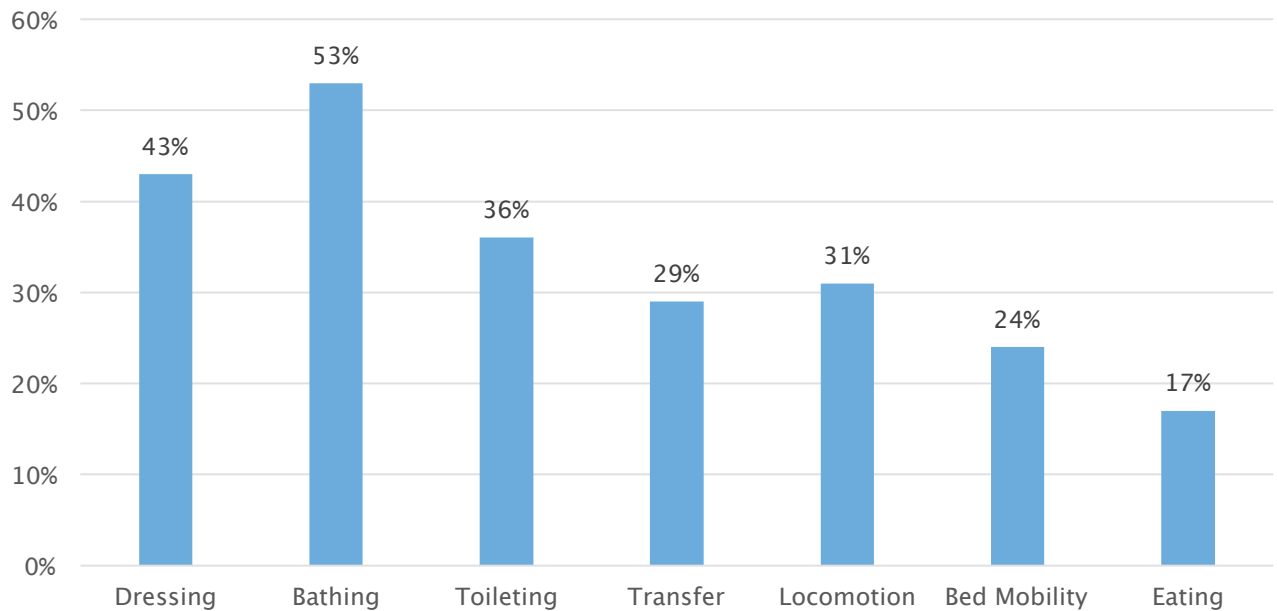
The percentage of discharged residents requiring no assistance with ADLs was 5 percent, the same as in 2012. The percentage of discharged residents requiring assistance with one ADL was 4 percent, while those requiring assistance with two ADLs was 5 percent, three ADLs was 8 percent (compared to 6 percent in 2012) and four or more ADLs was 78 percent (compared to 80 percent in 2012).

Comparison of Populations with Respect to ADLs

Below is a comparison of all three populations (respite, discharged, permanent/in-house) in terms of the percentage requiring **total assistance** with ADLs.



2013: Discharged residents requiring total assistance with ADLs



2013: Permanent residents requiring total assistance with ADLs

